

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 6-1-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that arthrocentesis, office visits, unclassified drug injection, dexamethasone sodium phosphate, syringe with needle, group therapy, ultrasound, and electrical stimulation unattended from 11-13-03 through 12-15-03 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 7-16-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

- Regarding CPT Code 99205 for date of service 6-10-03: This service was denied with an "F" by the insurance carrier. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Therefore, reimbursement is recommended in the amount of \$37.00** in accordance with the 1996 Medical Fee Guidelines.
- CPT Code A4209 for date of service 6-10-03 was denied with a "G". According to Rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the 1996 Medical Fee Guidelines. **Recommend reimbursement of \$5.00.**
- Regarding CPT Code 97014 for dates of service 6-12-03, 6-16-03, and 6-18-03. This service was denied with an "F" by the insurance carrier. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Therefore, reimbursement is recommended in the amount of \$45.00** in accordance with the 1996 Medical Fee Guidelines.
- Regarding CPT Code 97010 for dates of service 6-12-03, 6-16-03, and 6-18-03. This service was denied with an "F" by the insurance carrier. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Therefore, reimbursement is recommended in the amount of \$33.00** in accordance with the 1996 Medical Fee Guidelines.
- Regarding CPT Code 97035 for dates of service 6-16-03, and 6-18-03. This service was denied with an "F" by the insurance carrier. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service.

**Therefore, reimbursement is recommended in the amount of \$44.00** in accordance with the 1996 Medical Fee Guidelines.

- Regarding CPT Code 99214 for dates of service 6-16-03, and 6-18-03. This service was denied with an “F” by the insurance carrier. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service.

**Therefore, reimbursement is recommended in the amount of \$71.00** in accordance with the 1996 Medical Fee Guidelines.

- The carrier denied CPT Code 99080-73 with an “F”. However, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, per Rule recommends reimbursement. Requester submitted relevant information to support delivery of service. Per 134.1(c) **recommend reimbursement of CPT Code 99080-73 for date of service 12-15-03 for \$15.00.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees from 6-10-03 through 12-15-03:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 20<sup>th</sup> day of October 2004.

Donna Auby

Medical Dispute Resolution Officer  
Medical Review Division

## **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** August 10, 2004

**RE:**

**MDR Tracking #:** M5-04-3321-01  
**IRO Certificate #:** 5242

\_\_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the

above referenced case to \_\_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic reviewer (who is board certified in orthopedic surgery) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Submitted by Requestor:**

- \_\_\_\_\_, consults, office visit notes, 3/24/03-04/20/04
- \_\_\_\_\_, treatment logs, 03/25/03-11/25/03
- \_\_\_\_\_, EMG, 04/15/03
- Various RMEs, 04/17/03-02/05/04
- \_\_\_\_\_, treatment notes, 05/22/03-01/08/04
- \_\_\_\_\_ treatment notes, 04/17/03-12/30/03

**Submitted by Respondent:**

- \_\_\_\_\_, RME, 04/17/03, and 04/24/04
- Physician reviews, 09/29/03, and 03/17/04
- \_\_\_\_\_, consults, office visit notes, 3/24/03-04/20/04
- \_\_\_\_\_, treatment logs, 03/25/03-11/25/03

**Records Reviewed:**

The clinical records provided by the carrier and provider were similar. The pertinent period for review is for 11/13/03-12/15/03. The medical records included for review are from the report of injury on \_\_\_\_ through Independent Medical Examination by \_\_\_\_\_ on 4/24/04.

**Clinical History**

On \_\_\_\_, the patient was getting into position to work at her machine at Levi Strauss when she hit a broken step, causing her to fall forward slamming her hands into the machine. Three days following the injury she experienced numbness in her hands. On 3/24/03 \_\_\_\_, chiropractor, treated the patient with non-operative modalities including therapy, oral medications, and cortisone injections. \_\_\_\_\_ is of the \_\_\_\_\_. On 9/9/03, \_\_\_\_\_ noted the patient is status post steroid injections times three to bilateral wrists for bilateral carpal tunnel syndrome and de Quervain's syndrome. On 10/9/03, \_\_\_\_\_ physician assistant, \_\_\_\_\_, noted the patient has a history of bilateral de Quervain's

tenosynovitis and bilateral carpal tunnel syndrome. \_\_\_\_\_ noted the patient had slowly resolving bilateral de Quervain's and had also bilateral carpal tunnel syndrome that appeared to be more symptomatic of the two diagnoses. On 11/13/03, the physician assistant, \_\_\_\_\_, noted that patient had recurrent pain and numbness in the bilateral upper extremities in the median nerve distribution consistent with bilateral carpal tunnel syndrome. PA \_\_\_\_\_ performed a left carpal tunnel injection. On 12/4/03, the physician assistant, \_\_\_\_\_, noted the patient is status post right carpal tunnel syndrome injection times three and left carpal tunnel injection times one. The patient has slowly resolving bilateral carpal tunnel syndrome. There are also therapy notes on 11/14/03, 11/17/03, 11/18/03, 11/21/03, 11/24/03 and 11/25/03. On 12/30/03, the patient had continued bilateral carpal tunnel syndrome and continued bilateral de Quervain's tenosynovitis.

### **Requested Service(s)**

Arthrocentesis (20605) office visits (99214, 99213), unclassified drug (J3490) injection, dexamethasone sodium phosphate (J1100) syringe with needle (A4209) group therapy (97150), ultrasound (97035), electric stimulation- unattended (G0283) on 11/13/03-12/15/03.

### **Decision**

I agree with the insurance carrier that the medical necessity for these services were not indicated.

### **Rationale/Basis for Decision**

The patient incurred injury on \_\_\_\_\_. She had been treated with non-operative treatments over an unduly prolonged course. She has symptoms of bilateral carpal tunnel syndrome and bilateral de Quervain's syndrome. She had multiple treatments of therapy and injections to the bilateral wrists and bilateral first dorsal compartment. The patient has had only temporary relief with injections. The patient would have been a candidate for surgery following failure of one or two injections. Instead, the patient had three injections for carpal tunnel syndrome on the right. The patient also had a continuation of therapy between 11/14/03 and 11/25/03. These therapeutic modalities were also unnecessary. The patient has failed a previous course of therapy. Therefore, I find that the outpatient services provided between 11/13/03 to 12/15/03 consisting of non-operative treatments were repetitive and does not meet the medical necessity for timely care of the patient.